

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-0988.M2

October 1, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.0717.01
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Anesthesiology and Chronic Pain Medicine.

The physician reviewer **AGREES** with the determination of the insurance carrier. The reviewer is of the opinion that EMG-guided Botox injections are **NOT MEDICALLY NECESSARY**.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 1, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0717-01, in the area of Chronic Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of Botox injections with EMG guidance.
2. Correspondence.
3. History and physical and office notes, 2002 and 2001.
4. History and physical and office notes, 1998 through 2000.
5. History and physical and office notes, 1996 and 1997.
6. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The claimant reported the onset of lower lumbar pain after a work-related incident on _____. Diagnostic studies included MRI of the lumbar spine in June 1998 and a post provocative discography CT in May 2000. Apparent directed treatments included medical therapy, range of motion exercises, trigger point injections, epidural steroid injections, and EMG-directed Botox chemo-denervation.

The claimant apparently had widely varying responses to the latter treatment. After a lengthy period of quiescence, there is indication of return of similar lower lumbar pain.

C. DISPUTED SERVICES:

EMG-guided Botox chemo-denervation.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. EMG-GUIDED BOTOX CHEMO-DENERVATION IS NOT MEDICALLY NECESSARY IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

It is unreasonable to suggest that Botox injections would provide actions leading to pain relief for a period of time exceeding three years. It is, however, reasonable to suspect that symptoms resurfacing after three years

may not be the result of the initial work-related incident. Moreover, the requesting physician failed to forward information substantiating the validity of Botox chemo-denervation in five-year post-injury cases.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 24 September 2002